

**Fertility Center, LLC
and
Embryo Services, LLC**

**INFORMED CONSENT: FROZEN EMBRYO TRANSFER (FET)
USING EMBRYOS FROM A PREVIOUS IVF CYCLE**

We are giving our consent for a Frozen Embryo Transfer (FET) by the members of the Assisted Reproductive Program at the Fertility Center LLC and Embryo Services, LLC, hereafter referred to as the "ART Program".

We are voluntarily asking to participate in the ART Program in order to become pregnant through In Vitro Fertilization – Frozen Embryo Transfer (IVF-FET). We understand that this consent extends from the time of the initial request for a FET procedure until the treatment concludes either with a first trimester pregnancy or a no pregnancy result, or until we decide to discontinue participation in the ART Program, or the physician makes a determination that based on previous cycle responses this is a treatment that will result in a very small chance for pregnancy or no chance at all.

In a previous IVF cycle, we elected to have mature oocytes inseminated with sperm in order to develop embryo(s). We further designated the ART Program to cryopreserve embryos deemed mature and of good quality. All previous consents regarding cryopreservation of embryos relative to the initial IVF procedure are still valid and in force unless superseded by a more recent written replacement consent.

We acknowledge through this consent that we are giving permission for the ART Program to proceed with the necessary steps to prepare our frozen embryo(s) as well as ourselves for the FET procedure. This consent does not assure that an embryo transfer will occur, that the embryo(s) will survive the thawing process or that the thawed embryo(s) will be of sufficient quality to warrant a transfer. This consent acknowledges that permission has been granted to prepare the frozen embryo(s) and ourselves for the FET procedure and further gives permission to the ART Program to perform the FET procedure.

We have _____ embryo(s) in frozen storage. Our goal is to have _____ embryo(s) transferred with the understanding that a greater number of embryos (if available) may be thawed in order to have healthy, viable embryos to transfer.

I HAVE READ AND UNDERSTAND THIS INFORMED CONSENT AND ACKNOWLEDGE RECEIPT OF A COPY. THE PHYSICIAN HAS ANSWERED ALL QUESTIONS THAT I HAVE ASKED IN A SATISFACTORY MANNER.

I RELEASE THE FERTILITY CENTER, LLC, EMBRYO SERVICES, LLC, THE STAFF AND ASSOCIATES THEREOF FROM ANY MEDICAL OR EMOTIONAL RISKS RELATED TO VOLUNTARY PARTICIPATION IN THIS PROGRAM.

Patient's signature

Date

Spouse's signature

Date

Notary's signature

Date

Commission Expires On

Date

I have thoroughly reviewed the information contained in this consent with the above named persons and believe they have made an informed decision regarding assisted reproductive treatment.

Staff Signature

Date

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